PATENT ADDITIONATION EEE DETECHINATION DECOD									phoador	.	Dever Mail:	061	
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001								10071667					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	ппү 	OR	OTHER SMALL		
то	TAL CLAIMS		K1					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	370.00	OR	BASIC FEE	740.00	
το	TAL CHARGEA	BLE CLAIMS	81 minus 20=		• 61		Γ	X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	6 minus 3 =		3			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter *0" in column						olumn 2	Ł	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Colum						(Column 3)		SMALL	ENTITY	OR	SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	BER	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 81	Minus	**	81	•		X\$ 9=		OR	X\$18=		
AME	Independent	• 6	Minus	***	6	-		X42=		OR	X84=	7)	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL DDIT, FEE		ОЯ	TOTAL ADDIT, FEE	·	
	4 14 05 (Column 1) (Column 2) (Column 3)							VVIII. FEE			70011.120		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 39	Minus	** 5	31		lΓ	X\$ 9=		OR	X\$18=		
	Independent	• 7	Minus	ENDEN	T CI AIM	<u> -</u>		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280≖		
							AE	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=		
MEN	Independent	•	Minus	***		•	-	X42=		OR	X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 -			UH			
+140= OR +280=													
* If the entry in column 1 is less than the entry in column 2. write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
-	ir inter Highest Nur The "Highest Nurr	mber Previously Pai ther Previously Pai	d For' (Total or	Independ	lent) is the	highest number	er found	d in the app	eropriate box	in co	lumn 1.		

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